

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**AN AIRCRAFT INTERNAL WING AND DESIGN**

the specification of which (check one)

is attached hereto.

was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56 (a).

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application to which priority is claimed:

**PRIOR FOREIGN APPLICATION(S)**

**Priority Claimed**

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below:

Provisional Application Number

Filing Date

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(Number)

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(Day/Month/Year Filed)

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(Number)

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(Day/Month/Year Filed)

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(Number)

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(Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose which is material to patentability information as defined in Title 37, Code of Federal Regulations, Section 1.56 (a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

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(Appl. Serial No.) (Filing date) (Status) (patented, pending, abandoned)

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(Appl. Serial No.) (Filing date) (Status) (patented, pending, abandoned)

I hereby declare that the invention disclosed in the above-identified application has not and will not be the subject of an application filed in a foreign country, or under a multilateral international agreement, that requires publication of the application 18 months after filing, accordingly, under Title 35, United States Code, Section 122(b)(1)(B)(i), the attached application will not be published.

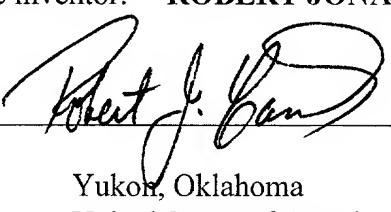
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As named inventor, or named inventors, I (We) hereby appoint the attorney(s) and/or agent(s) presently listed in our Customer Nos. 24,118 (Tulsa), 24,951 (Arkansas) and 24,950 (Oklahoma City) all members duly authorized to practice law. Further, all foregoing attorneys are authorized to prosecute this application to register, to transact all business in the Patent and Trademark Office in connection therewith, and to receive the Letters Patent Document, if issued.

SEND CORRESPONDENCE AND TELEPHONE CALLS TO:

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Inventor's signature: 

1-10-02

DATE

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